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Rubeola

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An Essay
On
Rubeola
for the Degree of
Doctor of Medicine

By
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Of Virginia

Sept. 1892

Mr. Gray

St. Louis

for the purpose of

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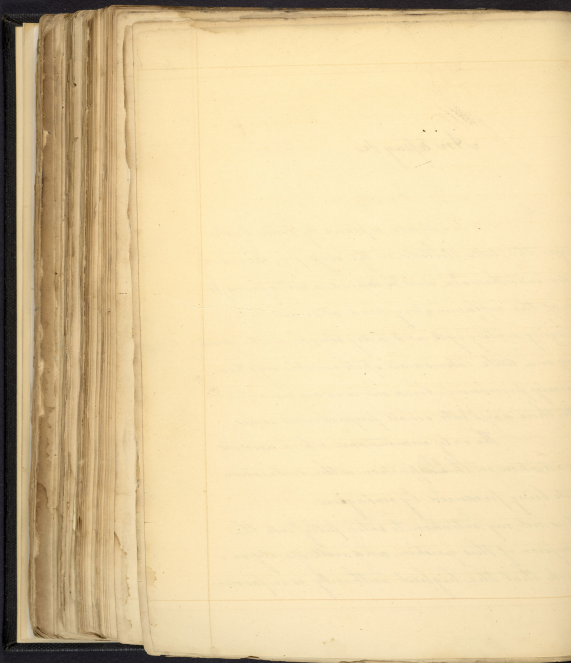
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An Essay &c

This disease is placed by Foster Cullen under the title Rubella, in the class pyrexia, and order exanthemata, and is defined a contagious fever of the inflammatory kind, attended with sneezing, watery eyes, and a dry cough; on the fourth day, or a little later, small spots crowded together scarcely prominent break out, and are converted after three days into small perfoliaceous scales.

The only circumstance which deserves our attention, in this definition is the declaration of its being produced by contagion.

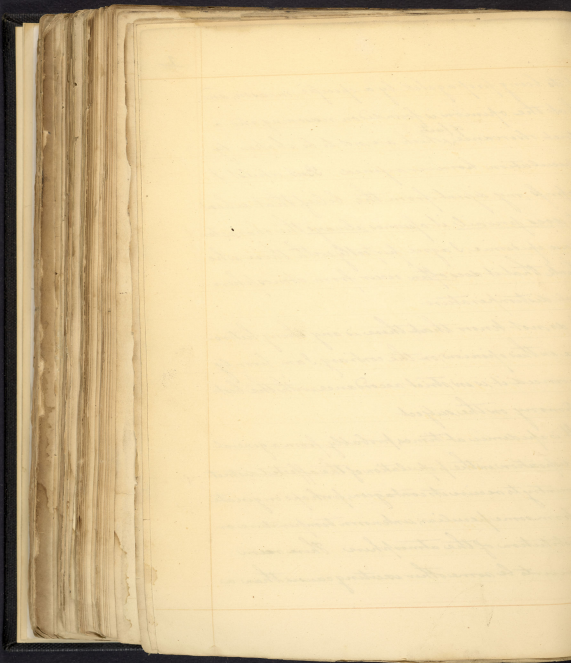
It is not my intention to enter fully into the discussion of this question; and will, merely remark that the highest authority is in favour



of its being propagated by a specific miasm; and that the opinion is founded on reasoning, and a strict observance ^{of facts}, which are not to be shaken by speculation however refined. But whilst I express my dissent from the belief that when it does prevail, it assumes always the character of an epidemic, I agree perfectly with those who think that it does often occur from atmospheric distemperatures.

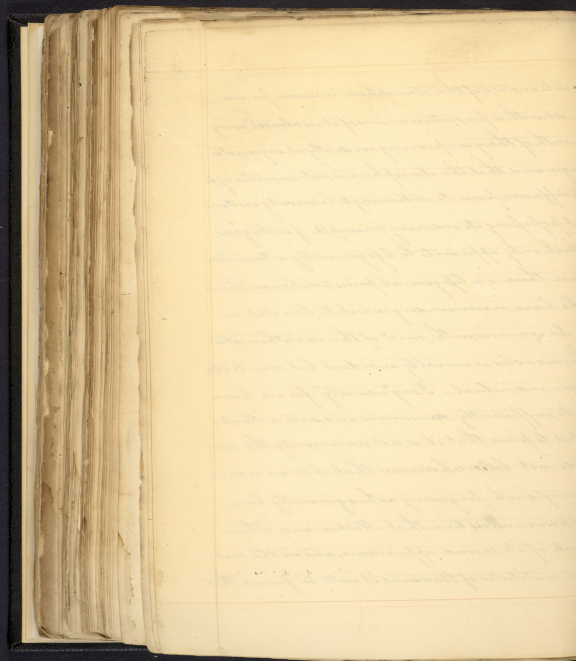
I do not know that there is any thing heterodox in this opinion; on the contrary, I am firmly convinced it is in strict accordance with the best testimony on the subject.

It is epidemic at times, probably from a general predisposition in the population of the affected district or country to receive its contagion, perhaps originate it from some peculiar, unknown temperature or constitution of the atmosphere. There seem however to be some other exciting causes, than a



peculiar state of the atmosphere or season, for we meet with a few scattered cases of it in almost every month of the year, proving evidently an ingenerate origin and that the atmosphere is not auxiliary to its diffusion from its continuing to be merely scattered, yet preserving its ordinary principle of contagion, which only appears to be less generally active because there is a less general predisposition in those who have never undergone it to be acted on.

In common with most of the exanthemata the measles is usually incident but once to the same individual. I say "usually," for we have facts sufficiently numerous and well authenticated to prove that it is not universally the case. I do not believe, however, that it is an occurrence of such frequency as has generally been supposed. It is true that Morton and others speak of its second appearance, and in the medical institutes of Boissierus, it will be found that



the measles has not only occurred a second, but even a third time, in the same individual.

Too much reliance, however, should not be placed on the reports of these gentlemen. Their incompetency to decide on a question of this kind, must be apparent to every one who has acquainted himself with the fact, that this disease was confounded by them with others which it closely resembles. Doctor Willan (than whom it would be in vain to search for higher authority) asserts that he has never met with an instance.

The anomaly then is unquestionably less frequent than in scarlet fever, and shews that the influence produced by the rubiculous action on the habit is more rooted and effective.

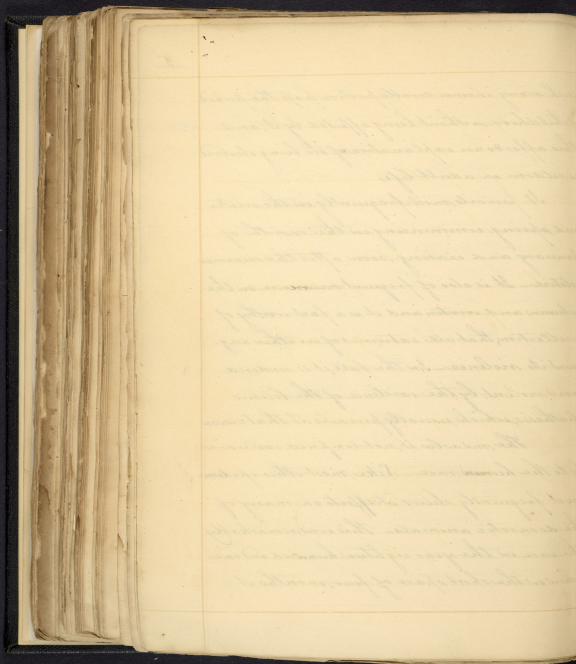
It appears most usual in children, though no age is altogether exempt from it.

Many persons are constitutionally free from attacks of this disease, and with the exception of

such, a very inconsiderable portion pass the period of childhood without being affected by it; and this affords an explanation of its being observed so seldom in adult life.

It prevails most frequently in the winter and spring, commencing in the month of January and ceasing soon after the summer solstice. It is also of frequent occurrence in the autumn and winter; and it is a fact worthy of recollection, that all extremes of weather augment its violence. In the fall, it is rendered more violent, by the existence of the bilious diathesis, which usually prevails at that season.

The measles is not confined exclusively to the human race. Like most other epidemics, it frequently shows its effects on many of the domestic animals. This was remarkably the case in the year eighteen hundred and one when in the short space of four months it

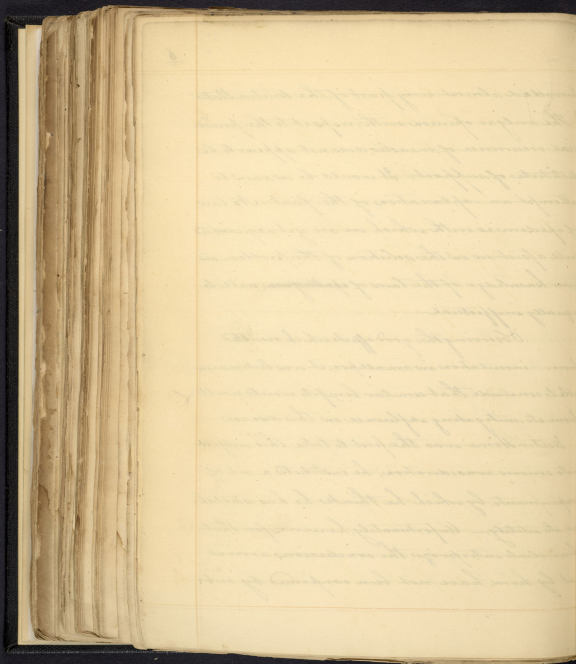


prevailed almost every part of the United States

The vulgar opinion with respect to the periodical occurrence of measles, does not appear to be destitute of support. It would be in vain to attempt an explanation of the fact. No law of epidemics with which we are yet acquainted will assist us in the solution of the problem, and our knowledge of the laws of contagion, will be equally ineffectual.

Observing the good effects which resulted from inoculation in small pox, it was but reasonable to conclude, that similar benefits would result from its mitigating influence in this disease.

Doctor Home was the first to take this subject into serious consideration; he instituted a set of experiments, by which he thinks he has established its utility. Unfortunately, however, for that benevolent enterprise, the conclusions arrived at by him, have not been confirmed by sub-

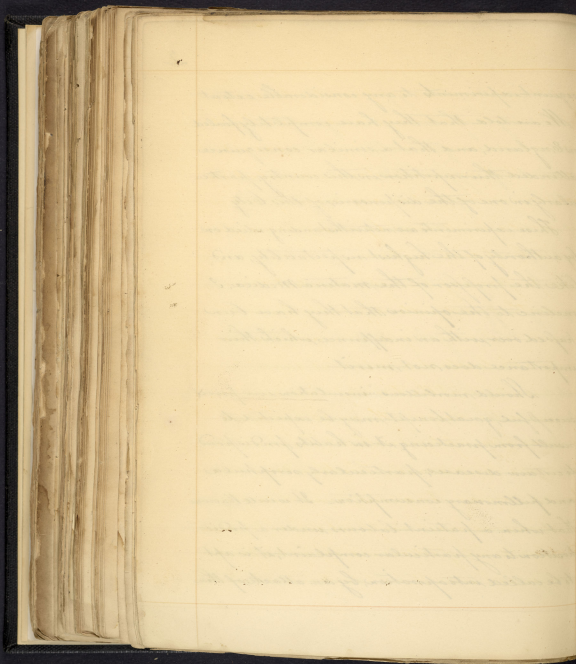


sequent experiments to any considerable extent.

We are told that they have completely failed in England, and that a similar consequence attended their repetition in this country, particularly in one of the dispensaries of this City.

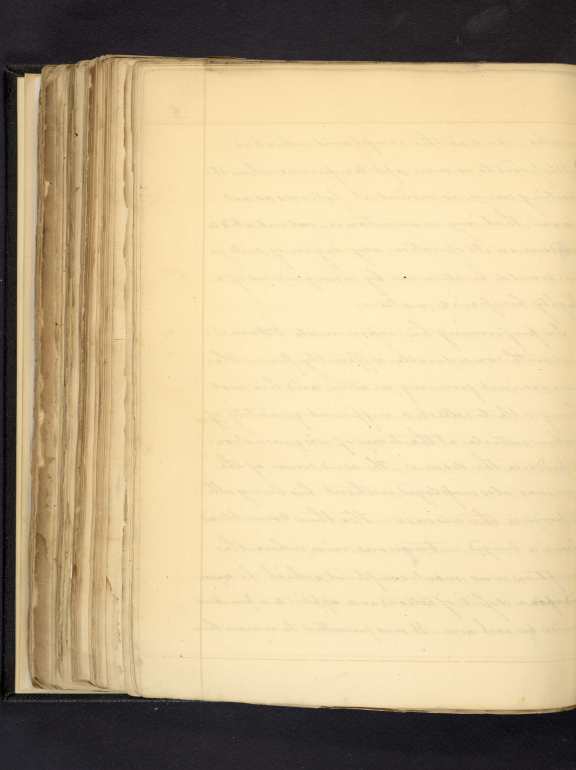
These experiments are notwithstanding relied on by authority of the highest respectability, and like the professor of the *materna Medica*, I incline to the opinion that they have been passed over with an indifference which their importance does not merit.

Should morbillous inoculation ever prove successful, great benefit may be expected to result from practicing it in habits predisposed to certain diseases, particularly scrophula and pulmonary consumption. It is well known that when a patient labours under a predisposition to any particular complaint, it is apt to be called into operation, by an attack of the



measles. And as the complaint, which is
 predisposed to, is more apt to supervene when the
 exciting cause is violent, it follows as an
 axiom, that any circumstance, calculated to
 produce in its operation, any degree of mitiga-
 tion, would be attended by consequences of a
 highly beneficial nature.

In performing his experiments D. Home
 met with considerable difficulty from the
 disease not forming matter, and his not
 being able to collect a sufficient quantity of
 broken cuticle at the time of disquamation
 to produce the disease. The acrid serum of the
 eyes was also employed without his being able
 to produce the disease. He then drew blood
 from a large cutaneous vein, where the
 eruption was most confluent, which he ap-
 plied upon a doyle of cotton, and applied to a puncture
 made in each arm. It was permitted to remain three

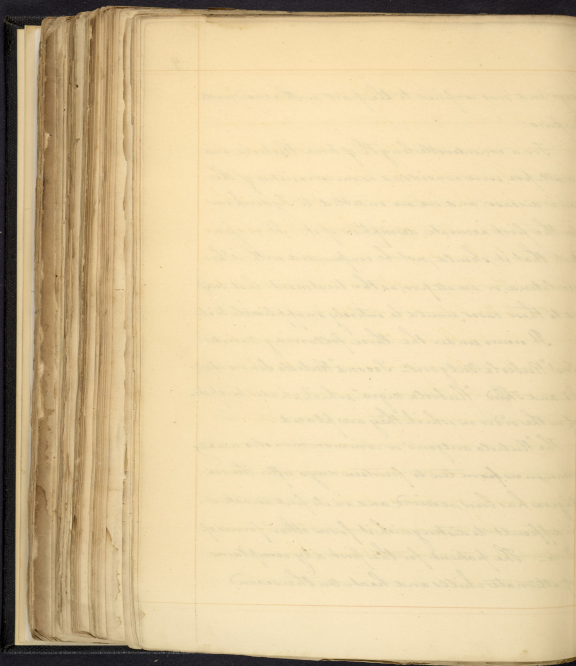


days, and was confined to the part with considerable
 profuse

For a considerable length of time Rubola, and
 small pox, were considered as mere varieties of the
 same disease, and we are indebted to Sydenham
 for the first accurate description of it. It is essen-
 tial that it should not be confounded with either
 scarlatina, or small pox, as the treatment best suit-
 ed to these cases, would be entirely inapplicable to it.

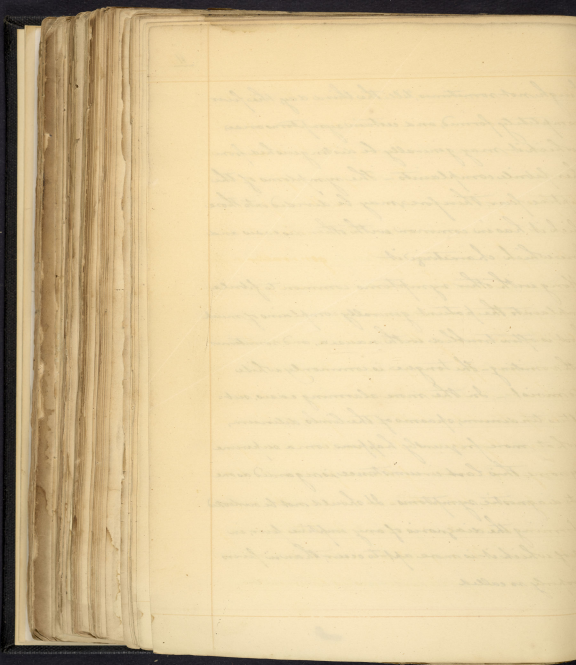
It occurs under the three following varieties
 First "*Rubola vulgaris*" Second "*Rubola sine erup-
 tione*" and Third "*Rubola nigra*", which shall be spoken
 of in the order in which they are placed.

The "*Rubola vulgaris*" or common measles usually
 commences from ten to fourteen days after the con-
 tagion has been received, and in its first attack it
 is difficult to distinguish it from other forms of
 fever. The patient for the first day complains
 of alternate chills and heat. On the second



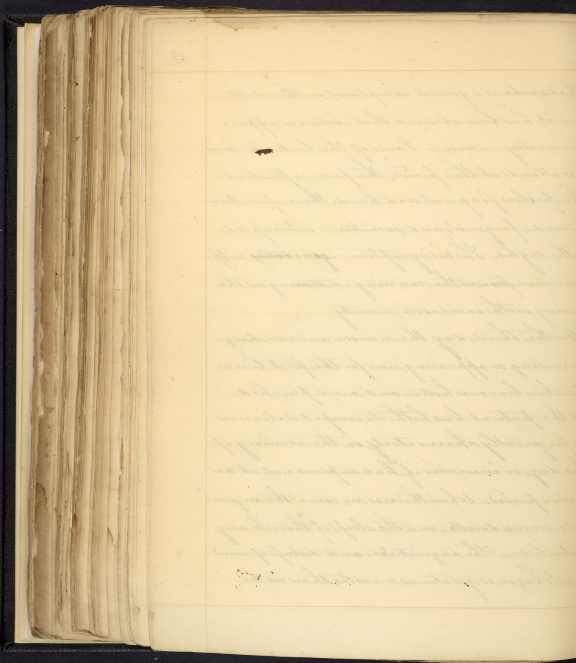
though not sometimes, till the third day the fever is completely formed, and certain symptoms arise, by which it may generally be distinguished from other febrile complaints - The symptoms of the eruptive fever, therefore, may be divided into those which it has in common with other diseases and those which characterize it.

Along with other symptoms common to febrile complaints the patient generally complains of much thirst, is often troubled with nausea, and sometimes with vomiting - the tongue is commonly white and moist - In the more alarming cases, subsultus tendinum, spasms of the limbs, delirium, or what more frequently happens, coma supervene. By some this last circumstance is regarded as one of its diagnostic symptoms - It should not be overlooked in forming the diagnosis of any eruptive fever, in all of which it is more apt to occur, than in fevers properly so called.



Headache is a general complaint with adults and it has been observed that children appear unusually morose. Pains of the back and loins also attend at this period; the face is flushed the pulse frequent and hard, the respiration hurried, frequent and sometimes interrupted with sighs. These symptoms generally suffer some remission in the morning, increasing in the evening with increased severity.

On the third day, the nausea and vomiting increasing or appearing now for the first time the skin becomes hotter, and more parched. If the patient has hitherto escaped delirium it frequently shows itself on the evening of this day, or increases if ^{it} had supervened at an earlier period. When there is no coma the inquietude is considerable, and the sleep, if there be any, disturbed. The inquietude and distress of mind says Wharles, is greater in measles, than in the



smallpox

The matter rejected by vomiting is generally bilious, and when a diarrhoea comes on, which is also a very common symptom, the stools are frequently of the same kind; and in children for the most part of a green colour. The diarrhoea does not impede the appearance of the eruption.

In other cases, however, the bowels are costive and sometimes there is a tendency to sweating. Adults, Frank says, have been observed to sweat, but not so profusely, or frequently as in smallpox. These sweats, he remarks, often prove beneficial.

These are the symptoms which are common to measles and other forms of fever.

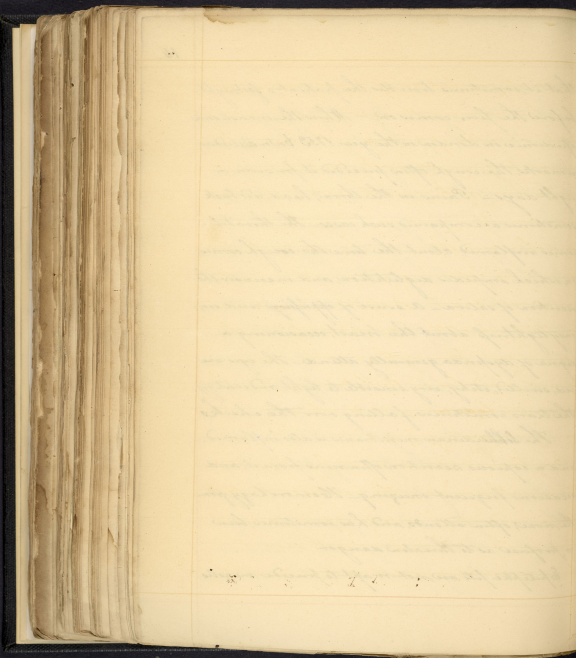
On the second day, if not earlier it is attended with a dry cough and hoarseness, with a sense of heaviness in the head and eyes. The cough sometimes precedes the other symptoms. It is observed by Hoffman

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that it sometimes troubles the patient a fortnight before the fever comes on. When the measles epidemic in London in the year 1753 Boerhaave remarks, the cough often preceded it for seven or eight days. Pains in the throat, head, and back sometimes accompanied such cases. The throat becomes inflamed about the time the cough comes on, which impedes deglutition, and increases the secretion of saliva. A sense of oppression and uneasy tightness about the breast, occasioning a degree of dyspnoea generally attend. The eyes are red, swelled, itchy, very sensible to light, and watery, the tears sometimes falling over the cheeks.

The buccal membrane is also inflamed and a copious secretion often issues from it, and occasions frequent sneezing. Hemorrhage from the nose often attends, and has sometimes been so profuse as to threaten danger.

Epileptic fits are not so apt to precede measles



as small pox, but one of frequent occurrence.

The nature of the case is put beyond a doubt upon the appearance of the rash, which shews itself usually on the fourth, but sometimes on the third, fifth, or sixth days of the febrile disorder. It is first observed on the forehead and chin, and then over the rest of the face; and on the following morning it is visible on the neck and breast, spreading towards evening over the trunk of the body, and lastly over the extremities. During this day the effluence is most vivid; but on the following (the sixth) it begins to ~~fade~~ ^{fade} and subside, while the patches on the body are highly red.

But these in like manner begin to fade on the seventh day; and the patches on the back of the hand, which usually appear last (sometimes on the sixth or even seventh day of the fever) do not always decline until the eighth

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On the ninth day discolorations only remain which vanish before the end of the tenth

Upon the appearance of the eruption the catarrhal symptoms, and even the fever, are considerably augmented; but the latter usually ceases when the eruption declines

The diarrhoea if it has not already appeared now presents itself, with considerable relief to the other symptoms. This however, is the period when the catarrh is occasionally aggravated to acute inflammation of the lungs, which is more obstinate than ordinary pneumonia; and on which hectic sometimes supervenes, and ultimately Hydrothorax, spitting of blood, or confirmed consumption

Other inflammatory affections are liable to occur at the close of the disease, which prove tedious and troublesome, and are also of a more unmagageable character than the com-

more forms of those diseases

The diagnosis is by no means difficult. The only disease, with which there is any danger of confounding it is scarlet fever; and as it is of considerable importance that their distinguishing marks should be well understood, a few of the most prominent of them, will be detailed.

In scarlatina the cough and ophthalmia are slighter than in measles, the eruption appears sooner (usually on the third day) is not so well defined, and the cuticle presents a smoother surface and is of a much brighter hue.

In the sound of the cough in measles there is a peculiar hoarseness, accompanied occasionally with an affection of the glands. But there is less swelling and stiffness than in the glands of the throat as affected in scarlatina.

There is an appearance of the rash first noticed by Dr Willan which with the view to correct

diagnosis should be particularly attended to.

It first shews itself in distinct, red, and nearly circular spots, somewhat less than the ordinary anole of flea bites. As these increase in number, they coalesce forming small patches of an irregular figure, but approaching nearest to semicircles or crescents. This observation is of considerable importance; for though entirely overlooked by ordinary observers, it is commonly very manifest and therefore a valuable diagnostic guide. These patches are intermixed with the single circular dots, and within interstices of the natural colour of the skin.

On the face they are slightly raised, so as to give the sensation of inequality of surface to the finger passed over the cuticle. There is indeed a sensible swelling of the whole face at the height of the eruption; and the tumefaction of the eyes is so great as to close the

eyes, for a day or two as in small pox. They are not so much elevated in other parts of the body.

The prognosis is unfavourable in proportion as the gastric or cephalic symptoms are more violent and obstinate. Severe pneumonic affection is a bad symptom, especially if attended by an oppressed respiration. The disappearance or paleness of the eruption, with vomiting, soreness or tenderness of the abdominal region, diarrhoea, or all of these symptoms combined are highly unfavourable.

The habits of body in which the measles is most apt to prove benign or otherwise, are far from being well ascertained; amongst all we know on this subject is that it is particularly unfavourable in pthisic, and still more so in scrophulous habits. The measles appears to be less dangerous in pregnant women than the small pox. Doctor Hilden says he never ~~knew~~ saw any harm done by it in pregnancy.

The appearances on dissection are an eruption in the trachea, and large bronchus of the trachea. This is particularly the case when the patient dies during the eruption, which, may account for the increase of cough after its appearance.

The mesenteric glands are found indurated and tumours of various size in the lungs some of them containing pus, are also found.

Such appearances however, are not connected with the measles, but with other complaints with which it is complicated.

"From the lungs being so much ^{involved} ~~involved~~ in this disease, it might be supposed that it is primarily seated in them. There are ample reasons, however, for supposing it to be otherwise; and it is not improbable that the disease is radiated in some of the abdominal viscera; and most probably the stomach; and that the affections of the lungs and surface are symptomatic."

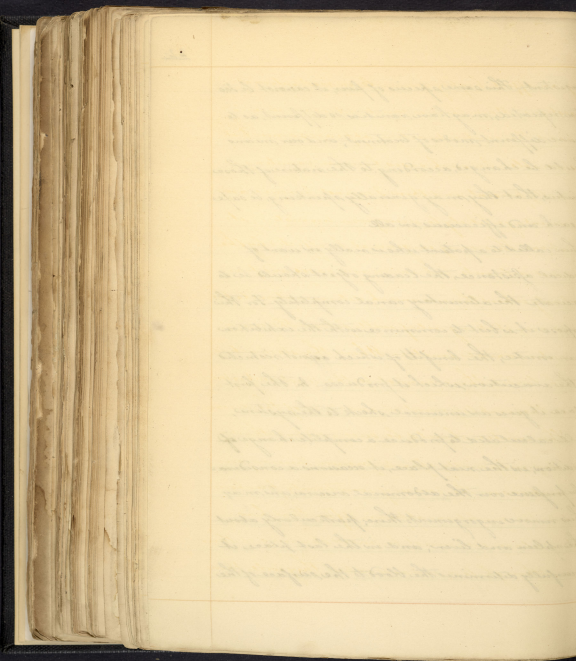
There is no complaint the treatment of which is ~~more~~ liable to be extended too far, or wholly neglected.

In the mild cases it is generally considered useless, if not imprudent to interfere. Some children do well without the aid of medicine, and infants may be easily lost from an excess of applications.

It is desirable that advice should not be delayed in severe, and that it should be cautiously given in slight examples of this disease, as loss of time may be fatal in the former, and too much officiousness dangerous in the latter. We are in perpetual hazard of doing too much or too little in the practice of physic. For it is at all times, no easy task to make our measures just fitted for the removal of the urgent symptoms, without exhausting the resources of the system; and having once adopted speculative and practical principles, we are apt to sacrifice a great deal to maintain them, so that we sometimes cling to fallacies for the sake of appearing

consistent. This same species of fever, it cannot be too often repeated, may have varieties so different, as to require different modes of treatment; and our means should be changed, according to the nature of those varieties, that they may generally speaking, be safe in each and efficacious in all.

When called to a patient who is really in want of medical assistance, the leading object should be to evacuate the alimentary canal completely. For this purpose it is best to commence with the exhibition of an emetic, the benefits of which appear restricted to the evacuation which it produces. In the first place it gives an universal shock to the system, well calculated to produce a complete change of condition; in the next place, it occasions a considerable pressure over the abdominal viscera, and may thus remove engorgements there, particularly about the spleen and liver; and in the last place, it powerfully determines the blood to the surface of the



body, an effect highly desirous in most internal congestions. When there is much determination to the head, the emetic practice appears somewhat questionable. In such cases, however, vomiting is frequently present, and then I cannot perceive any disadvantage likely to occur from promoting its operation. This may in general be effected by the blandest diluents, but in many cases, and particularly when there is much determination to the lungs very striking relief will follow the use of an antimonial emetic. Where the stomach is much loaded, there cannot be the least impropriety in their employment at any stage of the disease.

The emetic should be succeeded by cathartics repeated sufficiently often to procure three or four evacuations in the course of every twenty four hours until the eruption appear. After that has taken place, we must be more sparing of their use, although to a certain extent, they will then

be highly useful. Indeed during the whole course of the disease, it is of the first importance to keep the bowels open. Very few cases ever occur in which it becomes necessary to employ drastic purgatives. In a great majority they would be productive of harm. Most commonly the Sulphates of Soda or Magnesia answers remarkably well. Calomel may be resorted to when the excitement is great.

Having by these means evacuated the alimentary canal, the next remedies to be employed are those which favour the production of the eruption. For this purpose the mild diaphoretics, and diluent drinks, moderately warm are the most appropriate articles.

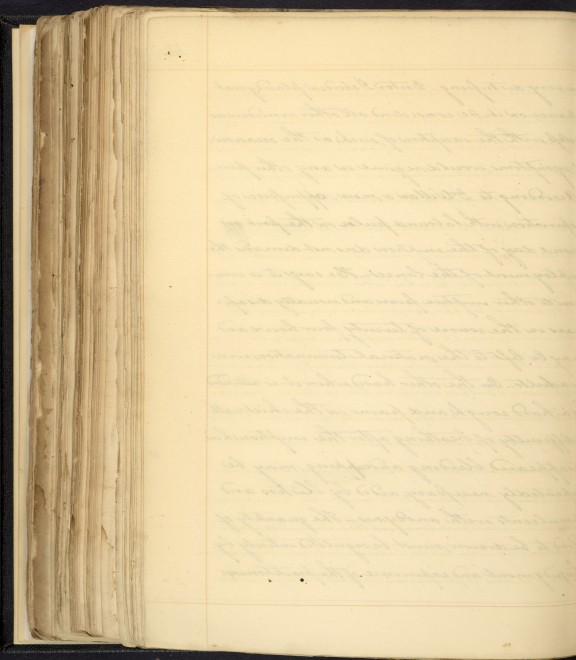
The employment of blood letting has met with the approbation of almost all practitioners.

By some it is employed at the height of the eruption, by some at the close of it, and by others at any period of the disease when the symptoms

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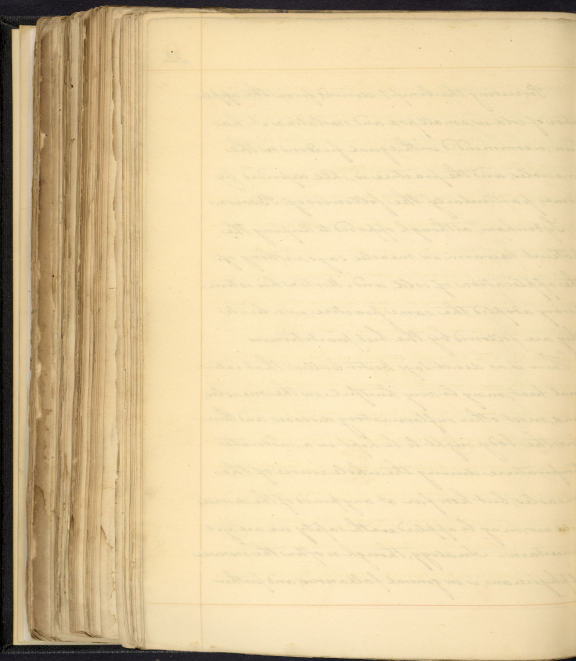
are very distressing - Doctor Storden placed great reliance on it - He considered all other remedies as useless, with the exception of such as the occasional symptoms would require in any other fever.

According to Dr Willan a mere oppression of respiration, with laboured pulse on the first ~~or~~ second day of the eruption does not demand the employment of the lancet - He says it is common to other eruptive fevers, and usually disappears in the course of twenty four hours, and may be left to the natural termination, even in adults - On the other hand, when it is attended by a hard cough, and pains in the chest, with a difficulty of breathing after the eruption has disappeared, bleeding and cupping, may be repeatedly necessary, aided by blisters and demulcents with anodynes - The quantity of blood to be drawn, must be regulated entirely by the judgment and experience of the practitioner.



Perceiving the benefit derived from the application of cold in small pox and scarlatina it has been recommended with equal freedom in the measles; and the practice is still defended by some, particularly the followers of Brown Sydenham, although opposed to keeping the patient too warm in measles, says nothing of the application of cold; and Morton his contemporary adopted the same practice, in which they are followed by the best practitioners.

There is no doubt, says Doctor Cullen, that internal heat may be very hurtful, in the measles and most other inflammatory diseases, and therefore the body ought to be kept in a moderate temperature during the whole course of the measles; but how far, at any period of the disease cold air may be applied with safety we are yet uncertain. Analogy, though so often the resource of physicians, is in general fallacious; and further



though the analogy with the small pox, might lead to the application of air during the eruptive fever of measles, the analogy with catarrhs seems to be against the practice. After the eruption had appeared on the skin, we had many instances of cold air making it disappear, and thereby producing much disorder in the system, and have also had frequent examples of such disorder being removed by restoring the heat of the body and thereby bringing forth the eruption."

To which Dr. Caldwell subjoins the following very judicious remarks. "The temperature of the chamber in the treatment of measles should be precisely the same as in that of pneumonia moderate, not in either extreme. Of the two a temperature a little too high is less apt to prove injurious than one too low. Hence as in the treatment of most other febrile affections the punctum secundum of temperature should be carefully

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preserved. Whatever degree of heat or cold produces on the system, an unpleasant impression as an irritant will increase fever and ought therefore to be avoided.

Mr. Magrath of Plymouth has treated a great number of patients in the hospital of the mile prison by cold affusion, in which the practice is stated to have been highly successful.

He affirms, that he has never witnessed any of the untoward circumstances, which are usually to be apprehended from cold, such as the introduction of the eruption, increase of the catarrhal symptoms &c; but on the contrary, he is persuaded that the inflammatory affections of the chest, which are apt to supervene, on the decline of the rash, are prevented by the suppression of the early excitement, to the violence of which they are chiefly to be attributed.

The propriety of such practice appears quite

plausible, but it is so directly in opposition to the experience and advice of the profession it would be hazardous, I think, to attempt an imitation of it.

It is not uncommon for convulsions to appear during the eruption from. In such cases if constipation be present the bowels must be evacuated by enemata and cathartics; and if the patient can swallow it, will be of service to give an emetic. Venisection may be also practiced and the warm bath should not be neglected.

To allay the cough attendant on measles, the usual remedies employed in other cases may be had recourse to.

When the rest of the patient is disturbed, it will not be improper to employ opiates; and it will be advantageous to combine them with some diaphoretic, thereby procuring sleep, and at the same time determining to the surface. A pe-

delirium also, will be found of service, and should not be overlooked

If expectorants are judged to be necessary, those most commonly in use, may be employed

The pneumonic symptoms, which supervene do not differ from ordinary pneumonia, and must be treated accordingly

The diarrhoea which frequently occurs at the close of measles is found to alleviate the pneumonic symptoms, and to prevent some of the troublesome sequelæ already noticed. Hence this evacuation should, not be interrupted, at least for a few days; and laxatives should be administered when it does not take place, as the most advantageous mode of allaying and preventing inflammatory symptoms. If the usual diarrhoea should be protracted, however, the patient will require the support of light but nutritious diet and cordials. When it is found necessary

to put a stop to this discharge, in addition to the remedies in ordinary use, much benefit may be expected from small and frequent abstractions of blood.

Should ophthalmia, hepatitis, scrophula, or any pulmonary affection arise, the treatment is precisely the same as if it proceeded from any other cause.

It ought to be particularly borne in mind that throughout the treatment of measles a strict antiphlogistic regimen is to be observed.

When the fever has changed to typhus, at whatever period this happens, the opposite plan of treatment becomes necessary. Evacuations and even refrigerants are then hurtful. Wine, bark, opiate, and as nourishing a diet as the stomach can receive, are then the remedies to be depended on.

the first of the winter in 1812
and the second in 1813
the third in 1814 and the fourth in 1815

the fifth in 1816 and the sixth in 1817
the seventh in 1818 and the eighth in 1819
the ninth in 1820 and the tenth in 1821

the eleventh in 1822 and the twelfth in 1823
the thirteenth in 1824 and the fourteenth in 1825
the fifteenth in 1826 and the sixteenth in 1827
the seventeenth in 1828 and the eighteenth in 1829
the nineteenth in 1830 and the twentieth in 1831
the twenty-first in 1832 and the twenty-second in 1833
the twenty-third in 1834 and the twenty-fourth in 1835
the twenty-fifth in 1836 and the twenty-sixth in 1837
the twenty-seventh in 1838 and the twenty-eighth in 1839
the twenty-ninth in 1840 and the thirtieth in 1841

the thirty-first in 1842

Having said as much as my limits will permit on ^{the} subject of the measles as it usually occurs I come now to that variety of it which has received the appellation of "*Rubeola sine catarrhâ*"

Instances of this variety occur frequently when there exists an epidemic *Rubeola*; and is only important as it leaves a susceptibility of receiving the febrile measles after its occurrence. — The only peculiarity in the course and appearance of the eruption, that it is not accompanied by either fever, catarrh or opthalmia. The treatment in severe cases of this form of measles, is the same as that already detailed.

There is yet another variety of this complaint which merely requires to be mentioned — the "*Rubeola nigra*" — This epithet is applied by Doctor Willan to an appearance of the measles about the seventh, or eighth day, when the rash becomes suddenly livid with a mixture of yellow. It is

said to be devoid of danger or even inconvenience,
and is removed in a week or ten days by the
mineral acids.

Philadelphia

22nd February 1825

* *Batonians synopsis*

